

Julius Marks Elementary School

Parent/Guardian Permission for Use of Park Facilities

I, the undersigned Parent/Guardian of the student named below, understand my student will have the opportunity to utilize the Parks & Recreation facilities (directly adjacent to the Julius Marks campus) for general play, Physical Education class activities and special school-wide events.

Those facilities include, but are not limited to, the following areas: Basketball Courts, Baseball Fields, Tennis Courts, Walking Track and Playground area.

I am in accord with the purposes of and procedures governing the use of the facilities. I hereby grant permission for my student to participate. I understand that adequate and appropriate supervision will be provided. I recognize, however, that unanticipated situations and problems can arise during any event which are not reasonably within the control of the supervising teacher(s) or staff (including volunteers). I further agree to release and hold harmless the Fayette County Public School District Board of Education, their agents, officers, employees and volunteers, from any and all liability, claims, suits, judgements, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to my student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or Staff (including volunteers) to attend to my student. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive specific authorization before further action is taken. If efforts to contact me and unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give permission to the supervising teacher(s) or staff (including volunteers) to obtain additional medical treatment from either a Physician, Dentist or from hospital in the injury is serious or critical and I cannot be located.

Please note of your child had Emergency Medicines in the school office that must be taken to the park any time the child goes: ___Yes ___No

If yes, what type of Emergency Medication should accompany your child: _____

Please indicate below **IF** your child has any of the following conditions:

___Asthma ___Diabetes ___Seizure Disorder ___Heart Condition ___Other:_____

If Medications should be needed during any emergency situation, I understand that I am obligated to be sure they are at school with the Medication Authorization Form on file **BEFORE** my child is allowed to participate in events off the campus of Julius Marks Elementary. For a student to self-administer any medication, all medications (prescription or non-prescription) require the Self-Administration Form completed by the physician and parent/guardian. Please note, school staff in **not** responsible for self-administered medications.

Students Name: _____ Parent/Guardian _____

Signature of Parent/Guardian: _____ Date ___/___/___

Primary Phone Number: _____ Secondary Phone Number: _____

Emergency Contact (other than above): _____ Relationship to student: _____

Primary Phone Number: _____ Secondary Phone Number: _____

Insurance Company: _____ Phone Number: _____

Name of Policy Holder: _____ Policy # _____ Group # _____

Without this permission slip, your child will not be allowed o visit the park facilities, but will be assigned alternate activities on JME campus.